

New Mexico Cancer Plan Implementation

2009 Survey Results

Introduction

The New Mexico Cancer Council (Council) plays a vital role in the development and implementation of the New Mexico Cancer Plan 2007-2011 (Plan). Each year, Council members are invited to complete a survey in which they report on activities conducted to implement the Plan. This year's survey also included questions regarding evidence-based interventions/strategies that Cancer Council members and their organizations may have used during the past year. The survey's purpose is to help identify the extent to which Council members are addressing four of the Plan's five overall objectives. The fifth objective is assessed through Behavioral Risk Factor Surveillance System data. (**Appendix A** lists the five overall objectives of the NM Cancer Plan 2007 - 2011.)

The Survey consisted of 31 questions. The questions were divided into the following sections:

- Membership Information (1 question)
- Cancer Disparities (5 questions)
- Access to Cancer Treatment (4 questions)
- Quality of Life (3 questions)
- Collaboration/Capacity Building (1 question)
- Levels of Evidence/Rationale Guiding Program Selection or Development (11 questions)
- Oncology Workforce Issues (2 questions)
- Prevention (2 questions)
- Additional Comments (2 questions)

A complete list of survey questions may be found in **Appendix B**.

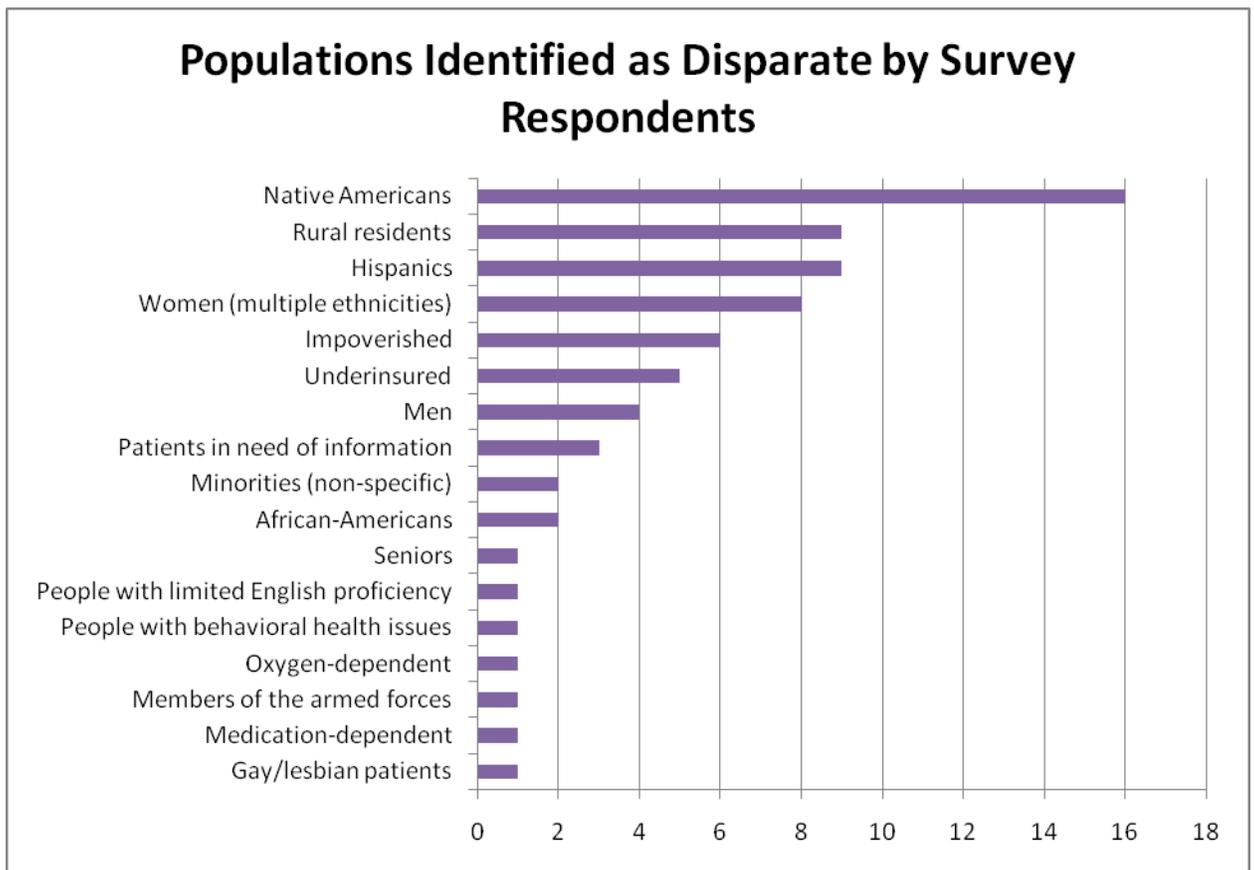
Respondent Information

- Of 100 Council members, **39 members (39%) responded** to the survey. Of the 39 respondents, **18 completed** the survey.
- **Twelve of the 39** respondents (34%) were **Executive Committee** members.

Disparities

- A large majority (94%) of respondents indicated their **organization “works to reduce the cancer disparities that exist among various populations in New Mexico.”**
- **Populations identified as “disparate”** by Cancer Council members are listed in **Table 1 on page 2**.
- Cancer Council member and organization activities to **reduce cancer disparities** include: producing publications about cancer risk reduction; mobile mammography; attending conferences; facilitating cancer support groups; holding health fairs for adults and children; holding clinics in rural areas; providing free breast, cervical and colorectal cancer screenings; providing healthcare provider training; and providing hotlines for cancer patients with questions.
- An additional question this year asked respondents to report **outcomes they achieved**. Answers included:
 - “We served 1,700 NM residents.”
 - “Screened more than 14,000 women; diagnosed more than 100 cancers”
 - “We were able to reach out to these populations and serve many families.”
 - “Increased number of patients seen at our Gallup clinic.”

Table 1



Access

- **Seventy-six percent (19/25)** of respondents indicated that their organizations attempt to **increase access to cancer treatment** among different populations in New Mexico.
- Programs and initiatives developed by Council members and organizations to **increase access** include: educational conferences; newsletters; Angel Flight registration; support for Casa Esperanza; walk-in policy for mammograms; Community Health Representatives driving individuals to chemotherapy and other doctor appointments; legal, insurance and assistance paperwork program; and launch of a mobile mammography program.
- A new question in this year’s survey asked respondents to list **outcomes** for the previous year in relation to these access initiatives. Responses included:
 - “Increased enrollment in clinical trials.”
 - “Helped cancer patients access close to \$1 million in benefits.” (According to the reporting agency, these benefits included obtaining treatment for patients who were uninsured or underinsured, enabling patients who had ceased treatment due to financial issues to resume treatment, and other access-to-care issues.)
 - “Screened 47 women for breast cancer with annual mammography.”

Quality of Life

- The overwhelming majority (91%, or 22 of 24 respondents) indicated they work to address quality of life issues for cancer survivors.
- **Resources to improve quality of life** provided by Council members and organizations include: healthy cooking classes; utilization of case managers; financial assistance; housing assistance; Family Cancer Retreat; educational activities; Cancer Information Library; and one-on-one support with a peer facilitator.
- **The outcomes achieved with these programs included:**
 - “Reducing time between diagnosis and treatment.”
 - “Increased patient satisfaction.”
 - “Improved visibility of community resources to community members.”
 - “We have men and their families that are taking time to learn about the disease and its short and long-term effects before making any decisions as to treatment.”
 - “Helping to decrease strain caused by financial stress.”

Collaboration

- This year, the question about collaboration asked respondents to **describe one successful collaboration** they engaged in during the prior calendar year, 2009. Responses included:
 - “Worked with the Komen Foundation and the American Cancer Society to provide screenings for women under 40 years of age (30 - 39 years of age).”
 - “Close to 20 New Mexican cancer agencies/organizations participated in the exhibit rooms at our Family Cancer Retreats in 2009.”
 - “Working together with other help entities in Grant County to assist cancer patients with access to available assistance as needed.”

Usage of Evidence-based/Researched Interventions

This year, the survey included a section of questions asking respondents about their use of evidence-based interventions. Evidence-based interventions are those that have a body of facts to support their use. These questions were intended to determine how often evidence-based interventions are being used, and to gather details of which interventions are in use by member organizations. Information obtained from survey responses will be used to provide status reports to stakeholders about cancer control activities implemented by Council members to fulfill the goals and objectives of the Cancer Plan and to improve the next revision of the *New Mexico Cancer Plan 2007-2011*. Members were sent an electronic copy of a document developed by the Centers for Disease Control and Prevention that describes levels of rationale/evidence for program planning, selection and development to assist them in determining which of their interventions could be considered evidence-based. A copy of that document may be found in **Appendix C**.

The first question in each of these sub-sections asked respondents to indicate **how many intervention(s) the respondent’s organization conducts** based on the different levels of evidence. A table showing numerical responses to each question may be found in **Table 2**, located on **page 4**.

Level 1: Evidence-Based Guidelines and Recommendations

- In response to Question 16, which asked respondents to provide a **brief description of one intervention** under Evidence-based Guidelines/Recommendations, responses included:
 - “We help survivors of childhood cancer seek and obtain mental health services based on late effects research.”
 - “We support local strategies or efforts to educate the public about early detection of breast cancer.”
 - “Provide access to free or low cost screenings for breast and cervical cancer.”

Level 2: Systematic Reviews of the Literature

- Question 18 asked respondents to provide a **brief description of one intervention** under Systematic Reviews. Responses included:
 - “We use the NCI web site to find current standards of care for clients experiencing cancer in rural New Mexico.”
 - “We utilize USPSTF guidelines for screening recommendations for various types of malignancies.”
 - “We provide a monthly copy of the Hot Sheet printed by US TOO, INTERNATIONAL to our members that contain research studies of cancer related topics being conducted in the USA.”

Level 3: Individual Peer-Reviewed Published Studies

- Question 20 asked respondents to provide a **brief description of one intervention** under Individual Peer-Reviewed Published Studies (Level 3). Responses included:
 - “Our Sun Safe Program is based on the Harris County Sun Safe Program and we have adapted it to reduce chemical exposures and meet the needs of the children of New Mexico.”
 - “We used City of Hope generated guide to develop our Survivorship Clinic Care Plan.”
 - “We use the guidelines set out by our national organization - Susan G. Komen for the Cure.”

Table 2

Rationale/level of evidence		Level 1 (Question 15)	Level 2 (Question 17)	Level 3 (Question 19)	Level 4 (Question 21)	Other sources (Question 23)
	0 interventions	N= 1	N= 3	N= 5	N=3	N=4
	1-4 interventions	N= 4	N= 4	N= 2	N=2	N=3
	5-10 interventions	N=3	N= 0	N=1	N=2	N=1
	>10	N= 1	N= 2	N= 0	N= 1	N= 2
	NA	N=2	N=2			N=1
		Other answers: “XX” N=1	Other answers:	Other answers: “XX” N=1	Other answers: “XX” N=1	Other answers: “XX” N=1
4 Page		“Level 1” N=1 “??” N=1		“>5” N=1	“>5” N=1	

Level 4: Evidence-informed Program/Program Evaluation/Practice-based Evidence

- Question 22 asked respondents to provide a **brief description of one intervention** under Evidence-informed Program/Program Evaluation/Practice-based Evidence (Level 4). Responses included:
 - “Developing a doll with needleless access port and providing syringes for use by children undergoing chemotherapy to help them process the trauma they experience during diagnostic tests and treatments.”
 - “We distribute participant surveys and conduct an extensive evaluation after each Family Cancer Retreat, to understand how the program has impacted participants' lives and understand opportunities for future improvement.”
 - “We used NCCN recommendations for work-up of patients who wish to embark on prophylactic bilateral breast surgery as risk reduction strategy for breast cancer.”

Other Sources

- Question 24 asked respondents to provide a **brief description of one intervention** using the Other Sources. Responses included:
 - “We recognized a need for a better tool, so we developed, printed and have been distributing a new booklet, “Communications in Serious Illness” in collaboration with Dr. Jack Saiki. This booklet helps families communicate within the dying process. Although it is a difficult read because of emotions, clients have repeatedly commented on how much it helped them and their loved one who passed.”
 - “We provide services as assessed by the populations we service. Patients, families, physicians, and social workers work to provide us with feedback regarding what is helpful and what is needed and based on recommendations and our own communications with these groups we implement services.”
 - “Seminars and workshops conducted about the influence of low fat diet and exercise on risk reduction for several types of cancers - useful to many patients wishing to make lifestyle changes.”
- There was another question within this section asking for “**additional comments.**” Two respondents provided additional comments:
 - “I must voice my concern that these levels of evidence base may at some point be used to rank the value of programs and ultimately to choose which programs will be funded and which will not. When we look at the levels of evidence base we must recognize that the highest level of evidence also represents the most dollars spent on developing the evidence and in many cases the most money earned dispensing the product being evaluated. So it is wise to remember . . . ‘Not everything that counts can be counted, and not everything that can be counted counts.’ Albert Einstein, Sign hanging in Einstein's office at Princeton.”
 - “We are an ACCME accredited organization.”

Oncology Workforce Issues

- The first question in this section asked respondents a yes/no question, “my organization is working to determine the **future supply and demand for cancer care providers** in New Mexico.” Five respondents (31%) answered “yes” to this question. Eleven respondents (69%) answered “no.”
- The second question asked respondents who answered “yes” to the first question to **describe their organization’s efforts** in this area. Five respondents answered the question. Responses included:
 - “We make great efforts to identify and locate cancer care providers to provide optional treatment for our guys when the time comes. We need more doctors specializing in prostate cancer located nearby, so travel is minimized. We lost the doctors from UNM Cancer South in Las Cruces, but maybe they will return some day. But our members have gone to Mayo in Minnesota, Mayo in Scottsdale, AZ, MD. Anderson in Houston and other locales in the USA and will continue to seek excellent treatment as their finances can provide.”
 - “We work through our grantees to identify and respond to these needs.”
 - “Heard that my organization is involved, but I am unaware of specific efforts.”

Prevention

- The first question in this section asked, “From January – December 2009, **did your organization develop or implement cancer prevention interventions?**” Ten respondents (53%) answered “yes” to this question. Nine respondents (47%) answered “no.”
- In the second question, respondents who had answered “yes” to the first question were asked to indicate, from a selection of 6 categories (including an “other” category), **where their prevention efforts were focused**. The categories, and number of respondents indicating activity related to that topic:
 - Tobacco:** 54% (6 respondents) indicated they have interventions related to tobacco.
 - Sun Safety:** 64% (7 respondents)
 - Nutrition and Healthier Weight:** 64% (7 respondents)
 - Physical Activity:** 45% (5 respondents)
 - HPV Vaccination:** 18% (2 respondents)
 - Other:** 36% (4 respondents). The “other” response asked for specification. Responses included:
 - “Education on shared risk factors for chronic diseases (including tobacco, nutrition, healthier weight and physical activity).”
 - “Screening for cervical cancer is primary prevention.”
 - “We have a Cancer Library with books, brochures on Cancer prevention.”

Additional Comments

The first question in this section asked respondents to provide any **additional comments**. There was one comment related to the difficulties people in rural areas of the state face in accessing cancer treatment.

The last question in the survey asked respondents to name their organization. Eleven respondents provided the information.

Conclusion

Despite the high number of Cancer Council members responding to the survey (39), only 18 completed the survey. This can translate to a moderate degree of confidence that the results adequately represent the Cancer Council as a whole.

Overall, the survey implies that Council members are working hard to achieve the Plan's overall objectives by 2011, as evidenced in the relatively high percentages of positive responses. For example, an even higher proportion of respondents this year – 94% – affirmed their organizations are attempting to reduce cancer disparities existing among different populations in New Mexico. In addition, respondent perceptions of disparate groups are broad and diverse, including multiple ethnic groups, sub-groups within a particular population, and a broad economic cross-section of the population. In regards to the objective of increasing access to cancer treatment among different populations in New Mexico, 76% of respondents currently have programs or initiatives in place. There is comprehensive ongoing work to increase the quality of life for cancer survivors, use evidence-based initiatives with clients, and even help recruit and retain cancer care providers for New Mexico. The responses indicated a wide array of services and programs designed to serve cancer patients, survivors, and their family members and ease the burden cancer treatment places on individuals and their families. There is also ongoing work on prevention initiatives, including tobacco, sun safety, nutrition and healthier weight, and physical activity.

Recommendations

After carefully analyzing the results of the New Mexico Cancer Plan Survey, the following recommendations should be considered:

- One comment from the survey seemed to indicate some of the respondents may not see the connection between the standards of evidence-based interventions and the New Mexico Cancer Plan. More education/discussion may be needed to ensure Cancer Council members understand how providing information about their evidence-based interventions relates to the current Cancer Plan and will assist in the development of the next Cancer Plan.
- Although 18 respondents were listed as “completing” the survey, the questions about evidence-based programs received a low level of responses – most of the questions calling for narrative descriptions of interventions received approximately 6 responses. There was also a disparity between the number of respondents who answered the questions asking for a numerical count of interventions, and the number of respondents who then provided details of their interventions. It may be helpful to provide specific guidelines about what interventions Cancer Council members are already engaged in qualify as “evidence-based” and how those interventions fit into one of the four evidence categories. The survey respondents gave numerous examples of the interventions they currently use, so developing a matrix showing how each intervention (or type of intervention) fits into each of the four evidence categories would be possible to develop.
- The number of people completing the survey could be increased by giving more information about the survey, its purpose, and the impact the results will have on the existing Cancer Plan and the Cancer Council. Also, it may be necessary to be more explicit with Cancer Council members about the type of information they are going to be asked to provide in the survey, what research they may need to do prior to beginning the survey, and how long the survey will take to complete. The survey coordinator received questions from Cancer Council members about the type of information they would need to provide, and also a request for a printable copy of the survey so that the respondent could complete pre-work on the questions before entering answers into the online survey. Providing a printed copy of the survey at a Cancer Council meeting, or through other means, might help respondents provide more complete and informative answers to the survey when they enter their answers into the electronic survey.

Although the survey yielded generally positive responses, Council members and organizations still must continue working to meet the Plan’s overall objectives by 2011. Additional recommendations include:

- Continuing to emphasize the Plan’s overall objectives and press organizations and other players to meet them, particularly in the area of increasing access.
- Continuing to offer support to organizations in implementing the Plan.
- Identifying or developing strategies that can be implemented by Council members.
- Identifying or developing strategies that can be implemented by member organizations.

Appendix A

Overall objectives of the *New Mexico Cancer Plan 2007-2011*:

1. Increase the number of New Mexicans who obtain appropriate cancer screening tests, by 2011.
2. Develop and implement programs and policies to reduce cancer disparities among targeted populations in New Mexico, by 2011.
3. Increase access to cancer treatment for all New Mexicans diagnosed with cancer, by 2011.
4. Provide a greater proportion of New Mexico cancer survivors and their loved ones with the skills and resources to improve their quality of life, by 2011.
5. Build on the existing infrastructure to improve collaboration among cancer control and prevention programs in New Mexico, by 2011.

Appendix B – Survey Questions

Welcome

The New Mexico Cancer Council (Council) plays a vital role in the development and implementation of the New Mexico Cancer Plan. As a Council member, you are invited to complete this survey regarding activities in calendar year 2009. Please complete this survey by February 24, 2010. Results will be aggregated and specific organizations will not be identified in the report.

We are interested in finding out what progress your organization has made from January 2009 December 2009 to address four of the five overall objectives of the "New Mexico Cancer Plan 20072011"(the 5th will be addressed with data collected through the Behavioral Risk Factor Surveillance System).

1. Please indicate if you are a:
Council Member
Executive Committee Member

A. Cancer Disparities

Overall Objective #1: Develop and implement programs and policies to reduce cancer disparities among priority populations in New Mexico by 2011.

2. Does your organization work to reduce the cancer disparities that exist among different populations in New Mexico?
Yes
No
3. What priority populations has your organization identified as disparate?
4. From January – December 2009, what programs or activities did your organization develop or implement to reduce cancer disparities among different populations in New Mexico?
5. As a result of these activities, what outcomes did your organization achieve?
6. Additional Comments

B. Access to Cancer Treatment

Overall Objective #2: Increase access to cancer treatment for all New Mexicans diagnosed with cancer, by 2011.

7. Does your organization work to increase access to cancer treatment among different populations in New Mexico?
Yes
No

8. From January -December 2009, what programs or activities designed to increase access to treatment did your organization develop or implement?
9. As a result of these activities, what outcomes did your organization achieve?
10. Additional Comments

C. Quality of Life

Overall Objective #3: Provide a greater proportion of New Mexico cancer survivors and their loved ones with the skills and resources to improve their quality of life, by 2011.

11. Does your organization work to address quality of life issues for cancer survivors?
Yes
No

12. From January – December 2009, what programs or activities did your organization develop or implement that provided cancer survivors with resources to improve their quality of life?
13. As a result of these activities, what outcomes did your organization achieve?

D. Collaboration/Capacity Building

Overall Objective #4: Build on the existing infrastructure to improve collaboration among cancer control and prevention programs in New Mexico, by 2011.

14. As a result of your participation in the Council, describe one successful collaboration you have engaged in during calendar year 2009.

E. Evidence-based Activities

Cancer Council members use a variety of interventions to implement the "New Mexico Cancer Plan 2007 2011."

We are interested in learning the extent to which these interventions are evidence-based. Levels of evidence/rationale guiding program selection or development encompass a spectrum ranging from randomized clinical trials to individual program evaluation.

Your responses to the following series of questions will be considered during the next revision of the Cancer Plan. The revision will begin soon, but we have limited funds for the endeavor. Information collected from this survey will provide specific information on current activities of importance to Council members, which will be a significant first step in revising the Plan.

For the following series of questions, please refer to the levels of rationale/evidence-based guidance developed by the Centers for Disease Control and Prevention (CDC). This CDC guidance is provided as an attachment to the e-mail inviting you to participate in this survey. Although activities such as policy work may not be supported by an evidence base as defined by the categories below, organizations that engaged in such

initiatives during 2009 are encouraged to describe those efforts. This will help to provide an accurate picture of Council member activities during the year.

Level 1: Evidence-based Guidelines and Recommendations

Definition: Based on information developed by independent review bodies such as the United States Preventive Services Task Force and the Task Force for Community Preventive Services. Evidence-based guidelines and recommendations are the most objective type of evidence and are based on numerous scientific research studies. Independent review panels review research studies and weigh the evidence in order to issue recommendations or formulate guidelines. Level 1 is a broad category and encompasses both clinical and non-clinical interventions.

15. How many intervention(s) does your organization conduct based on Evidence-based Guidelines/Recommendations?

16. Please provide a brief description of one intervention under Evidence-based Guidelines/Recommendations (Level 1):

Example: We support local strategies or efforts to educate the public and media not only about the health effects of tobacco use and exposure to secondhand smoke, but also about available cessation services; source is Best Practices for Comprehensive Tobacco Control.

Level 2: Systematic Reviews of the Literature

Definition: Based on information from published meta analyses or recommendations from other bodies such as the Cochrane Collaboration. Systematic reviews and meta-analyses of the literature utilize specific methods and criteria to locate, appraise, and synthesize the evidence from research studies. Systematic reviews uncover the strengths and weaknesses of the evidence and identify gaps in current research.

17. How many intervention(s) does your organization conduct using Systematic Reviews as guidance?

18. Please provide a brief description of one intervention under Systematic Reviews (Level 2):

Example: I utilize the National Cancer Institute's Physician Data Query to obtain up-to-date information when counseling patients about prostate cancer screening.

Level 3: Individual Peer Reviewed Published Studies

Definition: Based on information from individual research studies published by peer reviewed journals. Examples would be interventions listed in RTIPs* (but not recommended by the Guide to Community Preventive Services) or other interventions that can be found in PubMed.

*RTIPs: Research Tested Intervention Programs

Example: I utilize the National Cancer Institute's Physician Data Query to obtain up-to-date information when counseling patients about prostate cancer screening.

19. How many intervention(s) does your organization conduct using Individual Peer Reviewed Published Studies as guidance?

20. Please provide a brief description of one intervention under Individual peer Reviewed Published Studies (Level 3):

Example: My organization has used a centralized telephone care management system designed to increase cancer screenings among women aged 50-69. (We used a Research Tested Intervention Program called, "Prevention Care Management" to guide the development of our program.)

Level 4: Evidence-informed Program/Program Evaluation/Practice based Evidence

Definition: Based on interventions that may have been shown to be effective but have not been published in the peer reviewed literature. There should be evidence to support them, such as program evaluation data. Includes public health programs, interventions, and policies that through experience have been evaluated, shown to be successful, and have the potential to be adapted and transformed by others working in the same field.

Example: We have used several components of a Chronic Disease Self-Management Program to enable participants to build self-confidence and to assume a major role in maintaining their health and managing their chronic health condition. This is considered a "Program that Works" on the "Partnership to Fight Chronic Disease" website.

21. How many intervention(s) does your organization conduct using Evidence-informed Program/Program Evaluation/Practice-based Evidence as guidance?
22. Please provide a brief description of one intervention under Evidence-informed Program/Program Evaluation/Practice-based Evidence (Level 4):

Other Sources

Definition: This category captures building the "evidence-base" and anything that doesn't fit in the above categories.

Example: People continue to attend our educational sessions. We hear repeatedly how grateful they are we were there for them in their time of need.

23. How many intervention(s) does your organization conduct using Other Sources of evidence?
24. Please provide a brief description of one intervention from these Other Sources:
25. Additional Comments:

F. Oncology Workforce Issues

26. My organization is working to determine the future supply and demand for cancer care providers in New Mexico.
Yes
No
27. If yes, please describe your organization's efforts:

G. Prevention

28. From January – December 2009, did your organization develop or implement cancer prevention interventions?
Yes
No
29. If yes, please indicate the category/ies.
-Tobacco
-Sun Safety
-Nutrition and Healthier Weight

- Physical Activity
- HPV Vaccination
- Other (please specify)

H. Additional Comments

- 30.** Do you have any additional comments on issues related to implementation of the New Mexico Cancer Plan?
- 31.** Name of your organization. (This information is optional. Data will be aggregated and organization/name not included in the report.)

Thank you! Thank you for completing the 2009 New Mexico Cancer Plan Implementation Survey. Your responses will provide important information to inform the next revision of the Cancer Plan and to determine future priority activities of the NM Cancer Council.

Appendix C – CDC Levels of Evidence

Rationale/Evidence-base levels developed by the Centers for Disease Control and Prevention

1. Evidence-based Guidelines/Recommendations

Definition: Based on information developed by independent review bodies such as the United States Preventive Services Task Force and the Task Force for Community Preventive Services. Evidence-based guidelines and recommendations are the most objective type of evidence and are based on numerous scientific research studies. Independent review panels review research studies and weigh the evidence in order to issue recommendations or formulate guidelines. Level 1 is a broad category and encompasses both clinical and non-clinical interventions.

- a. United States Preventive Services Task Force (USPSTF) <http://www.ahrq.gov/clinic/uspstfix.htm>
- b. National Guideline Clearinghouse (AHRQ) <http://www.guideline.gov/>
- c. Guide to Community Preventive Services (The Community Guide) <http://www.thecommunityguide.org/>
- d. MMWR Recommendations <http://www.cdc.gov/mmwr/>
- e. Best Practices for Comprehensive Tobacco Control Program
http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/
- f. American Cancer Society <http://www.cancer.org>

2. Systematic Reviews

Definition: Based on information from published meta analyses or recommendations from other bodies such as the Cochrane Collaboration. Systematic reviews and meta-analyses of the literature utilize specific methods and criteria to locate, appraise, and synthesize the evidence from research studies. Systematic reviews uncover the strengths and weaknesses of the evidence and identify gaps in current research.

- a. Cochrane Reviews <http://www.cochrane.org/reviews/index.htm>
- b. National Cancer Institute's (NCI) Physician Data Query (PDQ) <http://www.cancer.gov/cancertopics/pdq>
- c. AHRQ effective healthcare program evidence reviews (EPC Evidence Reports)
<http://effectivehealthcare.ahrq.gov/healthInfo.cfm?infotype=rr>
- d. Institute of Medicine (IOM) Reviews <http://www.iom.edu/>
- e. Other published systematic reviews in the peer reviewed literature (e.g. PubMed Systematic Reviews)
<http://www.ncbi.nlm.nih.gov/entrez/query/static/clinical.shtml#reviews> *list reference*

3. Individual Peer Reviewed Published Studies

Definition: Based on information from individual research studies published by peer reviewed journals. Examples would be interventions listed in RTIPs* (but not recommended by the Guide to Community Preventive Services) or other interventions that can be found in PubMed.

* RTIPs: Research Tested Intervention Programs

- a. Research-tested Intervention Programs (RTIPs): <http://rtips.cancer.gov/rtips/index.do> *list reference*
- b. Individual peer reviewed published intervention study (can be found in PubMed but not listed with RTIPs):
describe and list reference (or website, if applicable)

4. Evidence-informed program/program evaluation/practice-based evidence

Definition: Based on interventions that may have been shown to be effective but have not been published in the peer reviewed literature. There should be evidence to support them, such as program evaluation data. Includes public health programs, interventions, and policies that through experience have been evaluated, shown to be successful, and have the potential to be adapted and transformed by others working in the same field.

- a. Evidence-informed program (based on elements from systematic reviews of interventions or a single peer reviewed published intervention study)
- b. Model Practice Database – NACCHO
- c. AHRQ Innovations Exchange <http://www.innovations.ahrq.gov/>
- d. Promising Practices – Partnership to Fight Chronic Disease
<http://promisingpractices.fightchronicdisease.org/>
- e. Individual program evaluation
- f. Practice-based evidence-prior program experience (sources could be agency/government reports)

5. Other

Definition: This category captures building the "evidence-base" and anything that doesn't fit in the above categories.

- a. Other sources
- b. Your own program (e.g. developing the evidence-base)